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CONFIRMATION NO. 3813

<b>SERIAL NUMBER</b> 10/063,981	<b>FILING OR 371(c) DATE</b> 05/31/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 112210XZ (GEMS0138PUS)
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *NONE NP*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NONE NP*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 06/12/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
61604

**TITLE**  
Anonymizing tool for medical data

<b>FILING FEE RECEIVED</b> 758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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